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Feb 24, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 761298

1. Corporation Name
ALPHA OMEGA RESEARCH FOUNDATION, INC.



Principal Place of Business 1048 S. OCEAN BLVD. PALM BCH FL 33480 US	Mailing Address 1048 S. OCEAN BLVD. PALM BCH FL 33480 US
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21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	22. Mailing Address Suite, Apt. #, etc. City & State Zip Country	3. Date Incorporated or Qualified 12/30/1981	4. FEI Number 59-2121828	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BACINICH, EDWARD J. 1048 S OCEAN BLVD. PALM BCH FL 33480				81 Name			
				82 Street Address (P.O. Box Number Is Not Acceptable)			
				83			
				84 City	FL	85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors, I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: [Signature] DATE: 1/15/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAYWITT, WILLIAM C JR	1.2 NAME	DAYWITT, WILLIAM C JR.
STREET ADDRESS	140 IROQUOIS DR	1.3 STREET ADDRESS	111 MAYHURST AVE
CITY-ST-ZIP	BOULDER CO	1.4 CITY-ST-ZIP	COLORADO SPRINGS, CO.
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BACINICH, EDWARD J.	2.2 NAME	PERLMUTTER, ARNOLD
STREET ADDRESS	1048 S OCEAN BLVD.	2.3 STREET ADDRESS	6790 SW. 52 STR.
CITY-ST-ZIP	PALM BEACH FL	2.4 CITY-ST-ZIP	MIAMI, FL
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	URSUNOGLU, BEHRAM D	3.2 NAME	BACINICH, MARIA L.
STREET ADDRESS	6200 LEONARDO ST	3.3 STREET ADDRESS	1048 S. OCEAN BLVD.
CITY-ST-ZIP	CORAL GABLES FL 33146	3.4 CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	DS <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	DEMARCELLUS, JULIETTE	4.2 NAME	
STREET ADDRESS	357 CRESCENT DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	ODASSO, LORRAINE	5.2 NAME	
STREET ADDRESS	201 W INDIES DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	KRIZ, THOMAS R	6.2 NAME	
STREET ADDRESS	305 MARBLE CANYON DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH FL	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] DATE: 1/15/99 DAYTIME PHONE #: 561-833-2222

CR2E037 (1/98)